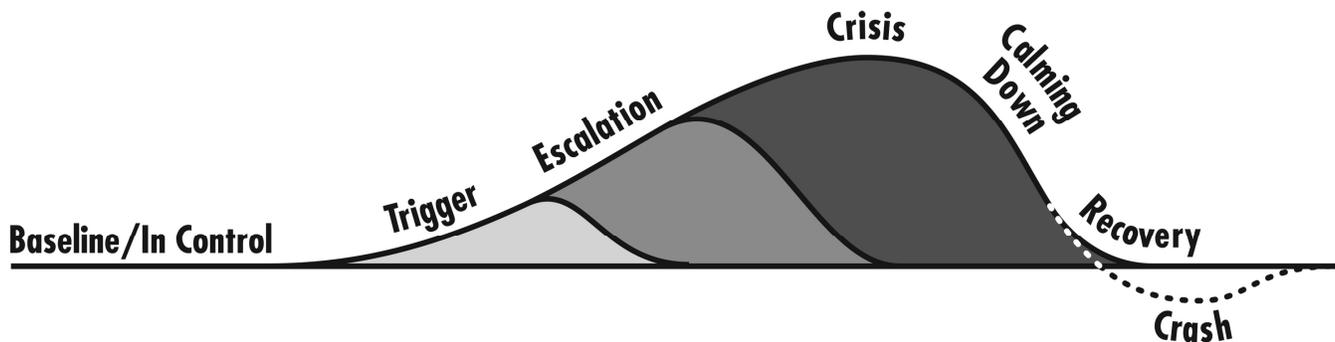


BEHAVIOR

A QUARTERLY NEWSLETTER OF THE NEUROBEHAVIOR H.O.M.E. PROGRAM

Crisis Cycle

We all experience stressors that lead to escalation. This cycle is typically referred to as the Crisis Cycle. By following basic recommended responses, you can minimize the time and intensity of each episode. An awareness of each phase and possible responses promotes better outcomes for all involved.



Phases in Crisis Cycle

Baseline/In Control- Person is calm and displaying their normal everyday behavior.

Trigger- Person experiences a stressor which may be physical, environmental or social (e.g. a loud noise, crowd, hunger, demand, etc.)

Escalation- Person continues to show increased signs of agitation. Behaviors may intensify (e.g.; pacing, swearing, attempting to hit, verbally threatening, etc.)

Crisis- Person is out of control and loses ability to process information. Person may be physically aggressive (e.g., hitting, kicking, biting, etc), engage in self-injurious behavior(e.g., biting hand, head banging, etc.), verbally assaultive (e.g., swearing, name calling, racially offensive remarks), running away, etc.

Calming Down- Person begins to regain control, and behavior becomes less intense.

Recovery- Person has regained control but remains fragile.

Crash- Person may drop below normal activity level and need quiet time (e.g. sleep, relax).

Remember!!!

*Take 3 deep breathes and be aware of where you are in the crisis cycle.
By being prepared and aware of your own behavior and surroundings, you can work
more quickly to calm down the individual who is in crisis.*

CASE EXAMPLE

Phase	Recommended Responses
<p>0. Baseline/In Control: Jane is interactive and compliant.</p>	<p>Positive Support: “Jane, I like how you are following directions.”</p> <p>Be aware of environment & body language. Reinforce desired behavior. Have fun.</p>
<p>1. Trigger: Jane is told “no” when she asks for candy. Jane starts loudly demanding the candy.</p>	<p>Remove or at least minimize trigger: “Jane you get candy after lunch.”</p> <p>Stay positive and calm. Redirect attention. Be aware of your body language and theirs. Maintain your exit at all times.</p>
<p>2. Escalation: Jane is standing and screaming, “CANDY NOW!”</p>	<p>Two Choices: “Jane, you can sit down or go for a walk.”</p> <p>Set limits by offering two choices. Stay at least arms length away. Scan area -- remove potentially dangerous items (e.g., scissors, staplers, sharp objects, etc).</p>
<p>3. Crisis: Jane is swearing and swinging at others in the grocery store.</p>	<p>Safety First/Least Restrictive: “Jane, get in control.” After telling Jane to get in control, stop talking & think!</p> <p>Get help if needed. Remove audience. ONLY one person talks at a time. Use body positioning and physical redirection when/if appropriate.</p>
<p>4. Calming Down: Jane is quietly standing in the grocery store aisle.</p>	<p>Structured Relaxation: Jane can easily re-escalate if requests are made too soon. Respect Jane’s process for calming down.</p> <p>Observe from a distance. Remove stimuli when possible (e.g., people, objects, noises, lights, etc). Respect the person’s process for regaining control.</p>
<p>5. Recovery: Jane is sitting quietly in the car.</p>	<p>Positive Support: “Jane, nice job calming down.”</p> <p>Do not discuss the incident at this time. Return to regular schedule if appropriate. Reinforce desired behavior.</p>
<p>6. Crash: Upon arriving home Jane takes a 2 hour nap.</p>	<p>Positive Support: Jane drops below baseline needing time to rest.</p> <p>Person may be tired and need sleep. Person may need quiet time.</p>

Remember!!!

A Person may skip phases and return to previous phases depending on interventions, circumstances, and personal responses.

